

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

JASON E. BENSON, : CIVIL ACTION NO.1:CV-00-1229
Plaintiff : (JUDGE CALDWELL)
v. : (MAGISTRATE JUDGE BLEWITT)
THOMAS DURAN, et al., :
Defendants : JURY TRIAL DEMANDED

PLAINTIFF'S MOTION FOR SANCTIONS
FOR DISCOVERY ABUSE AND
VIOLATIONS OF PROFESSIONAL CONDUCT

DEC 07 2001

DEPUTY CLERK

NOW COMES, the plaintiff Jason Benson, moving for sanctions against the defendant William Ellien, and his Attorney's at "Gold, Butkovitz & Robins, P.C., due to their debauched discovery practices, unprofessional conduct, and blatant disregard of this Court's order on October 16, 2001. The pertinent violations being governed by the Federal Rule of Civil Procedure, 37(a); 37(b)(2) et seq; and the Local Rules of Civil Procedure for the Middle District of Pa., 26.9. The plaintiff avers the following in support of this motion:

1. On October 16, 2001, the Court ordered the defendant Ellien, to answer specifically two (2) ^{ngs} this; first, to provide a direct answer to plaintiff's Request for Admission Number 1 "[t]hat plaintiff was and/or is epileptic in July 27, 1999, as well as to date." and Second, the defendant was directed to supply a specific response to an interrogatory, which states "[h]ow long have you practiced medicine?" To date the defendant Ellien has refused to answer and comply with this Court's Order.

2. Either, defendant Ellien, refused to provide the answers to his attorney's or the attorney's instructed him not to answer; these actions are unexceptable and the Rules mandates ample authority for the

Court to require the party failing to obey the order or the attorney advising that party or both to pay reasonable expenses, including attorney's fees, caused by the failure to comply.

3. Also in the Court 10/16/01, order, another pertinent issue was touched upon; "[O]ne of the issues the plaintiff's requested a copy of his medical records. As the defendant points out, defendant Ellien is not the custodian of his medical records. The plaintiff must therefore direct his request to the custodian of the records." Id. at, § II. ¶ 2. Nonetheless, the plaintiff needs to reiterate that in his Motion for Order Compelling Disclosure or Discovery and for Expenses and Sanctions, Page 8, ¶ 1, states "[A]lso on 5/15/01, I submitted a request to the 'Corrections Health Care Administrator (C.H.C.A.)' Mr. George Weaver, about the release form for my medical records/files. Mr. Weaver's, reply was 'As of this date, May 16, 2001, I have not received a request...regarding copies of your medical record.' You may want to contact him to see who he sent the release form to; see exhibits 'G & G-1'." Despite defendant Ellien's attorney's receiving the proper paperwork to secure plaintiff's medical records/files, and their subsequent acquisition of said records and files, to date they refuse to turn them over to plaintiff.

4. On November 28, 2001, defendant Ellien's attorney, Sean Robbins, mailed 24 pages of **Confidential Medical Records** to Joseph Dyson (CA-8143) a prisoner in this institution. The confidential records are part of the plaintiff's Psychiatric Evaluations, Results of Blood Tests, and the like. The plaintiff has consistently tried to obtain copies of his files for over seven months now and the Court has witnessed this fact; And now, despite following the proper procedures, not one of the defendant's attorney's gave a second thought to sending the records to plaintiff.

5. Joseph Dyson, signed an affidavit pursuant to the penalty of perjury on November 30,2001, and agrees to testify if necessary. See exhibit "A" attached hereto. As stated above, the plaintiff followed the correct procedures and received nothing and he has notified the Court of the tactics being employed by the defendant's and their attorney's; see(Plaintiff's Motion to Preclude Expert Testimony...at ~~§§~~ ~~XXXXXXX~~ exhibits A.B.C.D, & E;)and(Plaintiff's Response to the Adams County Defendant's as well as Defendant's Ronald Long's and William Ellien's Motions for Summary Judgment, at ¶¶ 7,8,9 & 10; and exhibit's A,1 & 2, and B,1 & 2).

6. Each of the defendant's have received a copy of all of the plaintiff's medical documentation, pursuant to the friendliness of this institutions records custodian; who, disregarded the fact that such information [may not] be disseminated since it would reveal confidential information in plaintiff's medical records and is protected from disclosure as well. Cf. Heicklen v. D.O.C., 769 A.2d 1239,1242-43 (Pa.Cmwlth.2001); Times Publishing Company v. Michel, 633 A.2d 1321 (1993). Not only are the actions violations of plaintiff's Civil Rights, there are also clearly violations of the D.O.C's policies. In addition, defendant Ellien's attorney's clear violations of the Civil Rules of Procedure and the Rules of Professional Conduct leaves the plaintiff with two (2) options. Number 1, Add all of the parties involved i.e., "Gold, Butkovitz & Robins, P.C's and (Records Supervisor) Mark Heidel and (Grievance Coordinator) Sharon M. Burks," as defendant's or Number 2, seek sanctions from all of the above.

7. As a result of the above, the plaintiff respectfully requests that this Honorable Court precludes the use of plaintiff's medical/psychiatric records; grant the plaintiff sanctions or fine the D.O.C's employee's \$5,000.00 for violation plaintiff's rights to having his records kept private.¹ The plaintiff seeks sanctions in the amount of \$15,000.00 from defendant Ellien and his attorney's ~~XXXXXXXXXX~~ collectively.

8. In the alternative, the plaintiff seeks to Amend his Complaint by adding as defendant's the above named participants and seeks punitive damages in the amount of \$1,000,000.00 for their conspiracy to swap his records without his consent; which was necessary pursuant to the D.O.C's policies. See ¶¶ 3 & 5, above. The plaintiff cannot stress sufficiently the need of the Court's ruling because, as it stands now, the plaintiff has -\$10.00 in his inmate amount; that means that he owes ten (10) dollars and the Institution is still telling him that he **cannot** make legal copies. Hence, none of the defendant's will be copied on the pleadings unless the Court orders the Clerk to send them some.

WHEREFORE, the plaintiff, Jason Benson, needs the Court to grant him the \$20,000.00 in sanctions as a stern reminder to the defendant Ellien, and counsel that this Court's order will be obeyed and the plaintiff's rights will not be tread on as if they were a mat to wipe their feet, and/or in the alternative the relief requested in ¶ 8, above as well as the sanctions; So the plaintiff Prays.

Respectfully submitted,


Jason Benson, Plaintiff

Date: December 4, 2001

1. The illegally disseminated documents are attached hereto as exhibits "B-1 thru 24."

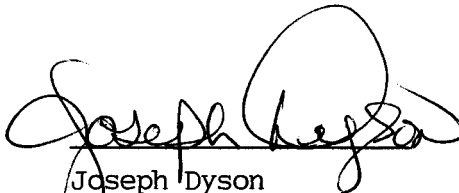
AFFIDAVIT OF JOSEPH DYSON

I, Joseph Dyson, am an inmate at the State Correctional Institution at Smithfield. I am engaged in a civil-action against various corrections personnel and private practitioners. I have been working to complete the discovery process for trial that was Ordered to be scheduled by the court. See, Dyson v. Gillis, et al., 1:99-CV-1336.

On November 28, 2001, I received legal mail from defense counsel Sean Robins, Esquire, of Gold, Butkovitz & Robins, P.C. This mail was appropriately recorded in the block Legal Ledger by the block officer. It was a large white envelope marked with Certified Mail tracking number P-157-563-981. The package was clearly addressed to me and contained discovery material relative to my case. When I reviewed the contents of the material therein, I found what were Confidential Psychological, and Medical, records of Jason Benson (#DS-6483), another inmate who is confined at this institution.

I immediately realized these documents shouldn't be in my possession, so I discovered who Jason Benson was, and returned these documents to him. When I met him, I had explained to him how these documents came into my possession. I learned that the same attorneys are involved in both our cases. They had erroneously released the wrong confidential records to the wrong person. I asked him to let me know if he receives any of my records. I also advised him I will be available to give trial testimony should the same be necessary.

Pursuant to 28 U.S.C. §1746, I declare under penalty of perjury that the foregoing is true and correct.


Joseph Dyson

SCI-Smithfield (#CA-8143)
1120 PikeSt., P.O. Box 999
Huntingdon, PA 16652

Date: November 30, 2001

" A "

Sep 26 00 02:49p

Chart

B-1

PHYSICIAN'S ORDERS

Exhibit F

Benson JASON

DS6483

927-76

SCISM

Drug Allergies:

NKA

Self-Medication Program ☐ Yes ☐ No

Date/
Military
Time

Prob
#

DO NOT USE THIS SHEET
UNLESS A RED NUMBER SHOWS

0910

4-28-99

①

MEU

4-28-99

4-28-99

4-28-99

S. CRAIG HOFFMAN PA - C

6/4/99

A

①

D/c Silantia

0915

4-4-99

0920

4-4-99

4-4-99

RONALD A LONG, M.D.

6-8-99

A

① Cont on secure clinic

1515

6-8-99

6-8-99

6-8-99

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6-8-99

RAY MCNOLLEN, PA-C

DR. MIGUEL SALOMON M.D.

DR. MIGUEL SALOMON M.D.

This information is strictly
CONFIDENTIAL and is for the
use of only the person or
agency to whom it is addressed.
These reports are not to be
made available to any person

B-2

09/27/00. WED 08:32 FAX 814 533 3110

RISK MANAGEMENT

008

Sep 26 00 02:39p

p. 19

01/25/2000 15:15

NO. 128

D05

CONFIDENTIAL**PSYCHIATRIC EVALUATION****INMATE NAME: BENSON, JASON****DOC NUMBER: DS6483****DATE OF EVALUATION: 1/13/00****TIME: 1525 hours****INSTITUTION: SCI-Smithfield**

The patient was evaluated today by Dr. Ellien in follow-up for his current mental health needs.

S: Problem #1

The patient reported that he is still having break through anxiety. He frequently does not take his morning Klonopin because he is over sleeping. Ambien, at times, help him to sleep but other times he only ends up feeling sluggish and lethargic the next morning. The patient denies depression but we continue to talk about antidepressant medications as an indication to treat panic disorder and his anxiety. We reviewed various options, including previous tricyclic antidepressants, Tofranil, Pamelor and Elavil. We also discussed Paxil. The patient agreed that Paxil would be his choice. I reviewed its indications, benefits, side and adverse effects and precautions and the patient gave consent. The patient continues to deny any hopelessness or suicidal ideation.

O: Current medication: Klonopin 1 mg b.i.d. although the patient frequently misses a.m. dose and Ambien 20 mg hs. daily.

Affect: Somewhat labile. **Mood:** Anxious. The patient denies any psychosis, hallucinations, agitation or suicidal thoughts. The patient did not show any tremor or abnormal or involuntary movement.

A: Panic disorder with agoraphobia, increased symptoms.
ICD-9 CM: 300.01
GAF = 55.

- P:**
1. Cancel Ambien order since it does not appear to be helping but does leave patient feeling sedated the next morning.
 2. Cancel current Klonopin order and continue with full 2 mg dose all at hs.
 3. Begin Paxil 10 mg at 4:00 p.m., daily, for one week then increase to 20 mg p.o. at 4:00 p.m., daily.
 4. Next appointment in 2 weeks.

William Ellien
William Ellien, M.D.
Psychiatrist

Sep 26 00 02:35p

09/22/1999 08:59

NO. 178

087

CONFIDENTIAL

PSYCHIATRIC EVALUATION

INMATE NAME: BENSON, JASON

DOC NUMBER: DS6483

DATE OF EVALUATION: 9/1/99

INSTITUTION: SCI-Smithfield

S: Mr. Benson informs me that he was just down at the county prison for a few days for legal matters. While he was there, he had a grand mal seizure and was admitted to the ICU. He demonstrates the lacerations produced by his teeth on the edge of his tongue. Mr. Benson informs me that he had been off his Dilantin some time during the month of August.

Mr. Benson reports that since he has been on Serzone, he has noticed no decrease in the intensity or frequency of his panic attacks and that he still has problems sleeping.

O: Mr. Benson is pleasant and cooperative throughout the interview process. He has a broad range of affect that is generally appropriate to context other than some nervous laughter when he is describing his seizures. He presents no suicidal or hostile ideation.

A: Panic attacks with agoraphobia (300.21), mixed personality disorder and seizure disorder.

P: We discussed the lowering of seizures produced by mini psychotropic medications and the habituating potential of Xanax and Ativan and the distinct fluctuations in there concentrations in his body particularly with any irregularity of usage.

I have written orders to discontinue Mr. Benson's Serzone and have written orders for Klonopin .5 mg in the morning and 1 mg in the evening hoping to enhance his protection against seizures and reduce his anxiety symptoms without taking inordinate risks of habituation. I would like to see him for a follow-up visit in one month.



Eugene Polmiller, M.D.
Psychiatrist

EP/mgr
D:9/1/99
T:9/2/99

SEP 1 1999
SCI-SMITHFIELD
Medical Records Dept

B-4

09/27/00, WED 08:31 FAX 814 533 3110

RISK MANAGEMENT

007

Sep 26 00 02:39p

P. 20

01/28/2000 15:38

NO. 136 023

CONFIDENTIAL**PSYCHIATRIC EVALUATION****INMATE NAME: BENSON, JASON****DOC NUMBER: DS6483****DATE OF EVALUATION: 1/27/00****TIME: 2000 hours****INSTITUTION: SCI-Smithfield**

The patient is evaluated for current psychiatric needs in follow-up from last appointment with Dr. Ellien.

S: Problem B

The patient reports that he is not sleeping at night. He continues to feel very anxious and attributes this to ongoing court cases and near notice that he was going to return to Adams County tomorrow. He reported feeling somewhat hyper with Paxil but that side effects is going away. We discussed adjunctive use of Sinequan to assist with sleep and anxiety. Depressive symptoms were reviewed along with indications, benefits, side and adverse effects and the patient indicated his understanding and gave consent.

O: Current medication: Klonopin 2 mg at night, Paxil 20 mg at 4:00 p.m., daily.

Affect: Anxious and irritable. **Mood:** Upset and anxious. The patient denies any suicide thoughts. He denies hallucinations but does admit to sometimes seeing "shadows." He denied any other symptoms indicative of psychosis and there is no suicide thoughts or agitation.

A: Panic disorder with agoraphobia (300.01). GAF = 56.

- P:**
1. Begin Sinequan concentrate 100 mg hs pm, daily, to help with sleep, depression and anxiety.
 2. Continue Klonopin 2 mg each night.
 3. Continue Ambien 20 mg each night.
 4. Follow-up in telemedicine in 1 month.

William G. Ellien MD
William G. Ellien, M.D.
Psychiatrist

WGE/mgr
D:1/27/00
T:1/28/00

Sep 26 00 02:48p

Jason Benson
17 May 2000
1740 hours
Problem #B

Smithfield – Progress Note for Psychiatry:

The patient was clinically evaluated, today, for psychiatric needs. Last appointment on 4-11-00. S. I reflected with the patient how tense our last session was (refer to 4-11-00 note). The patient stated that his current concerns centered on going back to his county (Gettysburg) for trial. He shared that he was afraid his Dilantin would not be given to him. I shared that I would note, with emphasis, the importance of the Dilantin, in particular, being given as prescribed. Nurse also described the medical data which is placed on a transfer sheet as well as that inmate will have a 5-day supply of his meds sent with him. The patient noted that he has not been able to sleep. Otherwise, he appears to be tolerating taper of Klonopin. He continues to not want an antidepressant for treatment of anxiety disorder symptoms, however. He had been treated with Ambien last fall. It was generally helpful although eventually it was D/C'd due to mild side effects. In retrospect, this may have been due to concurrent Klonopin, which has been substantially reduced. After further discussion, we agreed to start PRN Ambien to get some help with sleep, and follow side effect issues. Klonopin taper and D/C orders will continue. Patient denied any fears or concerns about losing control. He denied anger problems or mood swings and he denied any suicide thoughts or assault or homicide urges.


William G. Ellen, M.D.

Progress Notes
Commonwealth of PA
Dept. of Corrections
DC-472

Inmate Name: Jason Benson
Inmate Number: DS 6483
DOB: 9-27-76
Institution: Smithfield

Sep 26 00 02:43p

P.28

03/07/2000 09:16

NO.434

084

BENSON, JASON

57139138/0

23 YEARS MALE

Page 1 From Chantilly

FOR ELLIEN, MD (SS)

LAN:130319

COLLECTED: 200003020745

30312 SCI-SMITHFIELD

RECEIVED: 03/03/2000

JERSEY SHORE HOSPITAL

REPORTED: 03/03/2000

P.O. BOX 999

2000/ 0/ 30312/ 0/20001646

HUNTINGDON PA 16652

HISTORY NO: D56483

ROOM/BED: S8

-----TESTS-----RESULTS-FLAG--REF. RANGE-----UNITS

8941/Chantilly

Doxepin, Serum

Doxepin

None detected

Detection limit 5 ng/mL

Desmethyldoxepin

None detected

Detection limit 5 ng/mL

Doxepin + Desmethyldoxepin

None detected

Therapeutic range:

150-250 ng/mL

(Doxepin plus Desmethyldoxepin)

POTENTIALLY TOXIC VALUES:

Doxepin:

>= 450 ng/mL

Desmethyldoxepin:

>= 450 ng/mL

Doxepin + Desmethyldoxepin:

>= 450 ng/mL

*** FINAL REPORT ***

CP 689481-[S 26381]

Nathan Sherman, M.D.

Director of Laboratories

NO. 001

DATE: 3-6-00

TIME: 11:40

BY: A

N

NCS

A-Requires a DC 472 SOAP Note

Ronald Long, M.D.

Received

Mar. 28 2000

Sci. Smithfield
Medical Records Department

150mg

7

Goets

Sep 26 00 02:33p

p. 3

PHYSICIAN'S ORDERS

Isolate Number: AS 6483

DOB: 9-27-76

Institution: Smithfield

Drug Allergies:

NKA

Self-Medication Program ☐ Yes ☒ No

Date/ Military Time	Prob #	DO NOT USE THIS SHEET UNLESS A RED NUMBER SHOWS	1
7-27-99	6	① Next appointment in 1 month.	
1615 hrs		② Ativan 1mg PO q 6 hrs PRN anxiety, attach: • max 2 doses/day; • max 6 doses/week; for 1 month	
		③ Begin Imipramine 50mg PO b.i.d., through 3 Aug '99.	
		④ On 4 Aug '99 - increase Imipramine to 75mg PO b.i.d., daily, through 10 Aug 1999.	
		⑤ On 11 Aug '99 - increase Imipramine to 100mg PO b.i.d., daily, for 5 months.	
		⑥ On/about 19 Aug 1999 - obtain Tefazil (Imipramine + desipramine) blood level in AM.	
		William F. Fleiss, M.D.	

B-2

P. 15

Inmate Name: Jason Benson
Inmate Number: 05 6483
DOB: 9-27-76
Institution: SCI - Smithfield.

NKA

Self-Medication Program ☐ Yes ☒ No

**DO NOT USE THIS SHEET
UNLESS A RED NUMBER SHOWS**

1

11-8-99 B ① Next appointment in 1 month.
1440 hrs ② Begin Ambien 20mg P.O. hs, daily, for 6 weeks.
③ Refill - on 16 NOV '99 - cancel Klonopin order
to 1mg P.O. q AM and 1mg P.O. hs, daily, for 6 weeks.
William A. Brown, MD

Sep 26 00 02:38p

p. 17

PHYSICIAN'S ORDERS

Immatr. Name: Jason Benson

Inmate Number: 05 6483

DOB: 9-27-76

Institution: SCI - Smithfield.

Drug Allergies:

NKA

Self-Medication Program ☐ Yes ☒ No

Date/ Military Time	Prob #	DO NOT USE THIS SHEET UNLESS A RED NUMBER SHOWS	1
12-8-99	B	① Next appointment in 4 weeks.	
1525		② Con't/renew Ambien 20mg P.O. b.s. daily, for 6 months.	
		③ Con't/renew Klonopin 1mg P.O. q AM, and 1mg P.O. b.s. daily, for 6 months.	
		William H. ELLIEN, MD.	

Sep 26 00 02:46p

P. 35

PHYSICIAN'S ORDERS

Inmate Name: Jason Benson

Inmate Number: DS 6483

DOB: 9-27-76

Institution: Smithfield

Drug Allergies:

NKA

Self-Medication Program ☐ Yes ☒ No

Date/ Military Time	Prob #	DO NOT USE THIS SHEET UNLESS A RED NUMBER SHOWS	1
4-11-00	B	① Next appointment in 6 weeks	
1615LW		② Cancel current Klonopin order.	
		③ Begin Klonopin 0.25mg P.O. at 11AM and 1.5mg P.O. b.i.d., daily, through 4-18-00.	
		④ On 4-19-00 reduce Klonopin to 1.5mg P.O. b.i.d., daily, thru 4-25-00.	
		⑤ On 4-26-00 reduce Klonopin to 1.25mg P.O. b.i.d., daily, thru 5-2-00.	
		⑥ On 5-3-00 reduce Klonopin to 1mg P.O. b.i.d., daily, thru 5-9-00.	
		⑦ On 5-10-00 reduce Klonopin to 0.75mg P.O. b.i.d., daily, thru 5-16-00.	
		⑧ On 5-17-00 reduce Klonopin to 0.5mg P.O. b.i.d., daily, thru 5-23-00.	
		⑨ On 5-24-00 reduce Klonopin to 0.25mg P.O. b.i.d., daily, thru 5-30-00.	
		⑩ On 5-31-00 cancel all further Klonopin.	
		⑪ Cancel Paxil order: non-compliance	
		⑫ Cancel Sinemet order: patient refusal.	
		⑬ Refer to be seen by Dr. Long to be counseled about decision to refuse to take Dilantin and risks related to status epilepticus.	
		⑭ Place on "must take" list for Dilantin and Klonopin.	
		William H. Elliott, M.D.	
		Psychiatrist	

B-1

Sep 26 00 02:48p

p. 38

Inmate Name: Jason Beison
Inmate Number: DS 6483
DOB: 9-27-76
Institution: Smithfield

NKA

Self-Medication Program ☐ Yes ☒ No

[illegible]

Sep 26 00 02:48p

p. 39

Jason Benson - Progress Note of 5-17-00 continued:

Current Medication: Klonopin 0.5mg hs.

Affect: even, appropriate; **mood:** "worried".

Denies suicide thoughts; no psychosis or agitation.

No EPS or abnormal movements on examination.

Diagnosis: Panic Disorder without agoraphobia

ICD-9 CM: 300.01

Axis 5: GAF = 60

- P. 1. Next appointment in 1 month.
2. Begin Ambien 20mg hs PRN insomnia.
3. Emphasis on medicines being dispensed while in county prison during trial.

William G. Ellien MD
William G. Ellien, M.D.

**Progress Notes
Commonwealth of PA
Dept. of Corrections
DC-472**

**Inmate Name: Jason Benson
Inmate Number: DS 6483
DOB: 9-27-76
Institution: Smithfield**

[illegible]

B-1

Jason Benson
23 March 2000
1520 hours
Problem #B

Smithfield – Progress Note for Psychiatry:

The patient was clinically evaluated, today, for psychiatric needs. Last appointment on 2-17-00. S. ITP was held today. Patient talked at some length about his perception of how staff hold grudges against him. He feels he has done all he can to accommodate and that, other than "isolating myself completely" he can do no more. The patient provided another "letter" (one page, see note from 2-17-00) describing continued panic attack symptoms: palpitations, tremor, sweating, lightheadedness and feeling detached or separated from his environment. He also described these same symptoms, although not as severe, in relationship to taking Paxil, hence his refusal to take the medicine since late February 2000. Sinequan has helped his sleep and he denies problems with lightheadedness upon standing from a lying position with it. I described the "non detectable" blood level at the 150mg dose and recommended an increase in order to effectively prevent panic attacks. He asked if Klonopin dose could be doubled, which I declined due to past history of drug abuse and high risk of tolerance, as well as the fact that an antidepressant is the "treatment of choice" for treating panic disorder. We reviewed side effect and precaution issues with Sinequan and Klonopin and he noted his understanding and gave consent to the plan, below. He denied any anger problems, aggressive urges, suicide thoughts or psychotic symptoms.

O. Current Medication: Klonopin 2mg hs; Sinequan concentrate 150mg hs PRN; and Paxil 30mg at 4pm, daily.


William G. Ellien, M.D.

Progress Notes
Commonwealth of PA
Dept. of Corrections
DC-472

Inmate Name: Jason Benson
Inmate Number: DS 6483
DOB: 9-27-76
Institution: Smithfield

Sep 26 00 02:44p

P. 30

Jason Benson – Progress Note of 3-23-00 continued:**Affect: even, appropriate; mood: “not great”.****Denies suicide thoughts; no psychosis or agitation.****No EPS or abnormal movements on examination.****Diagnosis: Panic Disorder without agoraphobia****ICD-9 CM: 300.01****Axis 5: GAF = 55**

- P. 1. Next appointment in 3 weeks.
2. Cancel Paxil order due to side effects.
3. Change Klonopin to 0.5mg at 11am and 1.5mg
hs, daily.
4. Increase Sinequan concentrate to 250mg hs,
daily.
5. Check Sinequan blood level on/about 4-6-00.


William G. Ellien, M.D.

Progress Notes
Commonwealth of PA
Dept. of Corrections
DC-472

Inmate Name: Jason Benson
Inmate Number: DS 6483
DOB: 9-27-76
Institution: Smithfield

Jason Benson
8 Dec. 1999
1525 hours
Problem #B

Smithfield – Progress Note for Psychiatry:

The patient was clinically evaluated, today, for psychiatric needs. Last appointment on 11-8-99. S. The patient is in the "hole" (RHU) since losing control of his temper and punching a door. He injured his hand. He attributed the loss of control to an increase in panic attacks and anxiety. He denied irritability or depression. Sleep onset is still delayed by 2-3 hours, but he preferred to continue the Ambien. He denied any medicine side effects. We discussed TCA (tricyclic antidepressant) options: report prior illicit use of Sinequan and having a seizure. Also discussed Tofranil, Pamelor and Elavil. He stated that he preferred to not change any of his medicines and stay with current regime. He denied feeling hopeless or suicidal and stated he was "stable" today.

O. Current Medication: Klonopin 1mg qAM and 1mg hs; and Ambien 20mg hs, daily.

Affect: even, appropriate; mood: "stable".
Denies suicide thoughts; no psychosis or agitation.
No EPS or abnormal movements on examination.

Diagnosis: Panic Disorder without agoraphobia

ICD-9 CM: 300.01

Axis 5: GAF = 60

- P. 1. Next appointment in 4 weeks.**
2. Continue Ambien 20mg hs, daily.
3. Continue Klonopin 1mg qAM and 1mg hs.
4. Will attempt further reductions in Klonopin, due to substance abuse behavior. Continue to consider a TCA to treat anxiety disorder.


William G. Ellien, M.D.

Progress Notes
Commonwealth of PA
Dept. of Corrections
DC-472

Inmate Name: Jason Benson
Inmate Number: DS 6483
DOB: 9-27-76
Institution: Smithfield

09/27/00 WED 08:46 FAX 814 533 3110

RISK MANAGEMENT

035

Sep 26 00 02:45p

P. 33

03/24/2000 11:27

NO. 539

D02

INDIVIDUAL TREATMENT PLAN

NAME Benam, Jan DC# D56483 ASSIGNED PSS S. Tootman
 ICD CODE Mixed personality Disorder ASSIGNED PSYCHIATRIST Dr. Ellen
 PREVIOUS ICD CODE _____ DATE OF LAST TREATMENT PLAN REVIEW 10/22/99
 TENTATIVE DATE OF NEXT REVIEW 7/2000 DATE 3/23/00
 DETAINERS/OTHER _____ MINIMUM 5/22/2001 MAXIMUM 5/22/2004

PROBLEMS & GOALS MINIMUM OF (2)	TREATMENT OBJECTIVES (OBSERVABLE & MEASURABLE)	OBJECTIVES TARGET DATE
① To see MH, counselor & psychiatrist as scheduled.		
② To remain misconduct free		
③ To follow prescriptive program plan		dropped out of stress & anger bk chrg not to show up & has recently signed up again
④ To remain medication compliant		
⑤ To obtain employment when available		

SUMMARY (UPDATED TREATMENT PLAN INFORMATION):

inmate has recently been on cell restriction & has received black cards. He is currently not taking his Papol & took himself off medication. Dr. Ellen is working with him on the medication issues & adjusting it. He needs to be more responsible in his behavior & prepare for parole & complete

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09/27/00: WED 08:46 FAX 814 533 3110

RISK MANAGEMENT

036

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03/24/2000 11:27

ALL THAT APPLY	TREATMENT				NO. 539 D03 LENGTH OF TREATMENT
	1/wk	2/wk	Every 2 wks	1/mo	
(11) INDIVIDUAL <i>ccounselor</i> <i>PEB</i> <i>Psychiatrist</i>				.5 .5 .5	Up to 3 mos. _____ Up to 6 mos. _____ More than 1 year _____
(12) GROUP <i>- Dropped out of Stress & Anger but signed back up.</i> <i>- Thru PAF group currently</i> <i>- signed up for math class & kayaking</i> <i>- signed up to be a tutor</i>					
(13) COLLATERALS					
(14) EDUCATION					
(15) OTHER (SPECIFY)					

REVIEW/UPDATES

Review and update treatment plan on a new form as follows:

1. Initial review (to be completed within 14 days of admission)
2. SNU reviews a minimum of one every 130 days.
3. At the request of Unit Manager.

Joe E. Baum

(16) Client Signature

03.23.00

Date

Charles J. Zimmerman 3/23/00

(19) Counselor Signature

Date

Stephen Thompson 3/23/00

(17) PSA Signature

Date

William H. Green, MD 3-24-00

(20) Psychiatrist Signature

Date

(18) Custody Staff Signature

Date

J.P. Bush 3/23/00

(21) Unit Manager Signature

Date

09/27/00 WED 08:45 FAX 814 533 3110

RISK MANAGEMENT

034

Sep 26 00 02:45p

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04/11/2000 10:02

NO.656 D19

BENSON, JASON 5736149770 23 YEARS MALE
Page 1 From Chantilly FOR ELLIEN, MD (SS) LAN:T30319
COLLECTED: 300004060720 30312 SCI-SMITHFIELD
RECEIVED: 04/08/2000 JERSEY SHORE HOSPITAL
REPORTED: 04/09/2000 P.O. BOX 999
3000/ 0/ 30312/ 0/20002906 HUNTINGDON PA 16852
HISTORY NO: D56483 ROOM/BED: SS

-----TESTS-----RESULTS-FLAG--REF. RANGE-----UNITS

8941/Chantilly
Doxepin, Serum

Doxepin

Desmethyldoxepin

None detected

Detection limit 5 ng/mL

ng/mL

Doxepin + Desmethyldoxepin

Therapeutic range:

(Doxepin plus Desmethyldoxepin)

150-250 ng/mL

ng/mL

POTENTIALLY TOXIC VALUES:

Doxepin:

>= 450 ng/mL

Desmethyldoxepin:

>= 450 ng/mL

Doxepin + Desmethyldoxepin:

>= 450 ng/mL

*** FINAL REPORT ***

(P 67867)-(S 2787)

Nathan Sherman, M.D.

Director of Laboratories

Received
APR 10 2000
SCI-SMITHFIELD
Medical Records Department

(A)
4-11-00
C0720
ML

Ronald Long, M.D.

B-24

CERTIFICATE OF SERVICE

I, Jason Benson, plaintiff, do hereby certify that on this 4th day of December, 2001, I served a true and correct copy of the foregoing Motion for Sanctions, Discovery Abuse and Violations of Professional Conduct to the Court.*

Mr. Jason E. Benson, Plaintiff
DS-6483, SCI-Smithfield
1120 Pike Street, P.O. Box 999
Huntingdon, PA 16652

* The plaintiff is not sending a copy of his motion, he is sending the original. As the plaintiff has explained in the motion, the Staff here at SCI-Smithfield will not allow the plaintiff to make copies of his legal pleadings and is causing the plaintiff Access to The Court problems and it would be a huge relief should the Court issue an order stating that the plaintiff must be allowed to make copies of his pleadings.

Or, in the alternative fine the staff \$5,000.00 to bring them back into the relm of respecting prisoner's right of access to the Courts'.